

APPLICATION FOR BUILDING PERM

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

OWNER'S COMPENSATION DECLARATION

I declare that I have a certificate of consent to self insure, or a certificate of consent to self insure under the provisions of the California Workers' Compensation Insurance, or a certified copy of a certificate of consent to self insure under Section 3800, Lab. C.)

Company _____

Copy is hereby furnished.

Copy is filed with the county building inspection

Applicant _____

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

This certificate shall not be completed if the permit is for one hundred (100) or more square feet (or less.)

I declare that the performance of the work for which this permit is issued will not employ any person in any manner so as to violate the provisions of the Workers' Compensation Laws.

Applicant _____

APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith notify the County Building Department of such provisions or this permit shall be deemed revoked.

LICENSED CONTRACTORS DECLARATION

I declare that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

Lic. Class _____

Date _____

Contract under Sec. _____

Reason for this reason _____

Date: _____

I declare that I, as the owner of the property, or my employees with wages as defined in Section 7000, will do the work and the structure is to be used or offered for sale (Section 7044, Business and Professions Code.)

I declare that I, as the owner of the property, am exclusively contracting with the contractor(s) to construct the project (Section 7044, Business and Professions Code.)

CONSTRUCTION LENDING AGENCY

I declare that there is a construction lending agency for the financing of the work for which this permit is issued (Section 7044, Business and Professions Code.)

Name _____

Address _____

I declare that I have read this application and state that the above information is correct. I agree to comply with all county and State laws relating to building construction, and I authorize representatives of this County to enter upon the aforementioned property for inspection purposes.

Agent _____

Date _____

FOR APPLICANT TO FILL IN			
BUILDING ADDRESS 1000 W. 10th St. Los Angeles, CA			
CITY LA		ZIP 90007	
SIZE OF LOT 30' x 100'		NO. OF BLDGS. NOW ON LOT 1	
TRACT	BLOCK	LOT NO.	
ASSESSOR MAP BOOK		PAGE	PARCEL
OWNER JAMES A. WHITE		TEL. NO. 215-0917	
ADDRESS 900 W. 10th St. Los Angeles, CA			
CITY LA		ZIP	
ARCHITECT OR ENGINEER		TEL. NO.	
ADDRESS			
CONTRACTOR		TEL. NO.	
ADDRESS		LIC. NO.	
CITY		LIC. CLASS	
SQ. FT. SIZE 900 SF	NO. OF STORES 1	NO. OF FAMILIES	NEW <input checked="" type="checkbox"/>
DESCRIPTION OF WORK New garage to exist SFR.			ADD <input type="checkbox"/>
			ALTER <input type="checkbox"/>
			REPAIR <input type="checkbox"/>
			DEMOL <input type="checkbox"/>
			URM <input type="checkbox"/>
USE OF EXISTING BLDG. EXIST			
APPLICANT (PRINT) James A. White		TEL. NO. 215-0917	
ADDRESS			
WILL THE APPLICANT OR FUTURE BUILDING OCCUPANT HANDLE A HAZARDOUS MATERIAL OR A MIXTURE CONTAINING A HAZARDOUS MATERIAL EQUAL TO OR GREATER THAN THE AMOUNTS SPECIFIED ON THE HAZARDOUS MATERIALS INFORMATION GUIDE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
WILL THE INTENDED USE OF THE BUILDING BY THE APPLICANT OR FUTURE BUILDING OCCUPANT REQUIRE A PERMIT FOR CONSTRUCTION OR MODIFICATION FROM THE SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT (SCAQMD) SEE PERMITTING CHECKLIST FOR GUIDELINES. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
I HAVE READ THE HAZARDOUS MATERIALS INFORMATION GUIDE AND THE SCAQMD PERMITTING CHECKLIST. I UNDERSTAND MY REQUIREMENTS UNDER THE LOS ANGELES COUNTY CODE, TITLE 2, CHAPTER 2.20 SECTIONS 2.20.100 THROUGH 2.20.140 CONCERNING HAZARDOUS MATERIALS REPORTING AND FOR OBTAINING A PERMIT FROM THE SCAQMD. _____ OWNER OR AGENT			
P.C. FEE 97.96	PERMIT FEE 116.09		
	ISSUANCE FEE 13.00		
INVESTIGATION FEE	TOTAL FEE 129.09		

BUILDING ADDRESS 405 S. 9th St. Los Angeles, CA			
LOCALITY ECLA			
NEAREST CROSS ST. Eagle			
USE ZONE R-2	MAP NO. 3216		
SPECIAL CONDITIONS			
WITHIN 1000 FT. OF SCHOOL?			YES
DISTRICT 600	GROUP R-3	TYPE CONST.	FIRE ZONE 5
STATISTICAL CLASSIFICATION CLASS NO. 21 DWELL UNITS			APT
REQUIRED SET BACK	YARD	HWY	TOTAL SETBACK FROM PROP LINE
FRONT P.L.			
SIDE P.L.			
SEWER MAP BK N PG 48			
VALUATION \$ 12,000			
LDMA P/C #			
LDMA Perm #			
FINAL DATE 10/2/00			
FINAL BY [Signature]			

VALIDATION

SEE REVERSE FOR EXPLANATORY LANGUAGE

WORKERS' COMPENSATION DECLARATION

I affirm that I have a certificate of consent to self a certificate of Workers' Compensation Insurance, filed copy thereof (Sec. 3800, Lab. C.)

Company _____
 filed copy is hereby furnished.

filed copy is filed with the county building inspection department.

Applicant _____

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

Exemption need not be completed if the work involved by it is for one hundred dollars (\$100) or less.

that in the performance of the work for which this permit is issued, I shall not employ any person in any manner become subject to the Workers' Compensation Laws.

Applicant _____

NO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be revoked.

LICENSED CONTRACTORS DECLARATION

I affirm that I am licensed under provisions of Chapter 9 of the Business and Professions Code, and my license is in full force and effect.

License No. _____ Lic. Class _____

Exempt under Sec. _____

Exempt for this reason _____

Date: _____

Signature _____

Exemption for Reg. Maint. Elect.

SINGLE FAMILY HOME OWNER-BUILDER DECLARATION

I affirm that I am exempt from the Contractor's License under the following reason (Section 7031.5, Business and Professions Code):

owner of the property, will do the work and the structure is not intended or offered for sale (Section 7044, Business and Professions Code).

CONSTRUCTION LENDING AGENCY

I affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Section 7047, Civ. C.).

Name _____

Address _____

I have read this application and state that the information is correct. I agree to comply with all County and State laws regulating Electrical wiring, and I authorize representatives of this County to enter upon the mentioned property for inspection purposes.

Signature of Permittee _____

Date _____

Signature of Permittee _____

Date _____

20-9019 EFW 3-87
 76A553
 CE 81602

APPLICATION FOR ELECTRICAL PERMIT
COUNTY OF LOS ANGELES
DEPT. OF PUBLIC WORKS

FOR APPLICANT TO FILL IN			
	TACH	NO.	FEE
New Residential Bldgs. & Pools			
1 & 2-Family, Sq. Ft. _____	\$	—	\$
Multi family Sq. Ft. _____		—	
Residential Swimming Pools			
Outlets: Rec. _____ Light _____ Sw. _____			
Total No. <u>8</u>	90	8	720
Lighting Fixtures			
Total No. <u>3</u>	90	3	270
Fixed Appliances Not Over 1 HP			
Range _____ Heater _____ D.W. _____			
Oven _____ Dryer _____ W.M. _____			
Top _____ FAU _____ W.H. _____			
Hood _____ Fan _____ Other _____			
Disp. _____ Room Air Cond. _____			
Power Apparatus & Large Appliances			
Size & Type HP, KW, KVA, or KVAR			
_____ Up to 1 Incl.			
_____ Over 1 to 10 Incl.			
_____ Over 10 to 50 Incl.			
_____ Over 50 to 100 Inc.			
_____ Over 100			
Services, Swbd., MCC & Panelboards			
0 - 200 Amp. Under 600 V			
201 - 1000 Amp. Under 600 V			
Over 1000 Amp. or Over 600 V			
Temp. Power Pote & Appurtenances			
Sign with One Branch Circuit			
Additional Sign Branch Circuits			
Misc. Conduits & Conductors			
Other (See Complete Fee Schedule)			
PERMIT FEE (Sub-Total)			990
PLAN CHECKING FEE			
PERMIT ISSUING FEE			1307
TOTAL FEE			2290

JOB ADDRESS 405 S. MC BRIDE
 LOCALITY East Los Angeles
 NEAREST CROSS ST. 5th St.
 OWNER OR PERM. NAME Walter F. F. F.
 MAIL ADDRESS 405 S. MC BRIDE
 CITY L.A. Tel. No. 2
 PLAN CHECK APPLICANT _____
 ADDRESS _____
 CITY _____ Tel. No. _____
 PERMIT APPLICATION _____
 ADDRESS _____
 CITY _____ Tel. No. _____
 LICENSE OR REG. NUMBER _____
 DISTRICT NO. 600 PROCESSED BY E
 FINAL DATE 1/2/90
 FINAL BY [Signature] VALID

SEE REVERSE FOR EXPLANATORY LANGUAGE